


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90219 033 ***150.00

DOCUMENT # P98000104657	
1. Entity Name WATERFRONT HOMES OF DISTINCTION, INC.	

Principal Place of Business 8134 TWIN LAKE DRIVE BOCA RATON, FL 33496	Mailing Address 8134 TWIN LAKE DRIVE BOCA RATON, FL 33496
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2. Principal Place of Business 13838 BLUE BIRD PARK RD Suite, Apt. #, etc.	3. Mailing Address 13838 BLUE BIRD PARK RD Suite, Apt. #, etc.
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City & State WINDERMERE, FL	City & State WINDERMERE, FL
Zip 34786	Country ORANGE



01162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0884631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKENSON, DAVID B 980 N. FEDERAL HIGHWAY STE 410 BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name ASHBAUGH, A. ROONEY Street Address (P.O. Box Number is Not Acceptable) 13838 BLUE BIRD PARK RD City WINDERMERE, FL Zip Code 34786	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE A. Rooney Ashbaugh <small>Signature, typed or printed name of registered agent and title if applicable.</small>	4/20/04 <small>(NOTE: Registered Agent signature required upon reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ASHBAUGH, A R 8134 TWIN LAKE DRIVE 13838 BLUE BIRD PARK RD BOCA RATON, FL 33496 WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ASHBAUGH, JEANNE 8134 TWIN LAKE DRIVE 13838 BLUE BIRD PARK RD BOCA RATON, FL 33496 WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: A. Rooney Ashbaugh <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/20/04 407-654-9327 <small>Date Daytime Phone #</small>